

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number

09/832,753

Filing Date

10 Apr 2001

First Named Inventor

Topolovac, Michael

Group Art Unit

2162

Examiner Name

Cam Y. T. Truong

Attorney Docket Number

OPEN-001

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Being paid (EFS/Credit card)	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	<input checked="" type="checkbox"/> Request for Continued Examination (RCE)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request of Refund	<input type="checkbox"/>
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT/ CORRESPONDENCE ADDRESS

Firm or Individual name	Dov Rosenfeld, Reg. No. 38687
Signature	/Dov Rosenfeld/ #38687
Date	July 10, 2006

## ADDRESS FOR CORRESPONDENCE

Firm or Individual name	Dov Rosenfeld 5507 College Avenue, Suite 2, Oakland, CA 94618, Tel: 510-547-3378
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Our Ref./Docket No: OPEN-001

Patent

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s): Topolovac, <i>et al.</i> Application No.: 09/832,753 Filed: April 10, 2001 Title: SYSTEM AND METHOD FOR MANAGING DATA IN MULTIPLE BILLS OF MATERIAL OVER A NETWORK	Group Art Unit: 2162 Examiner: Cam Y. T. Truong
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**TRANSMITTAL: RESPONSE TO OFFICE ACTION (AFTER FINAL)**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Commissioner:

Transmitted herewith is a response **(after final)** to an office action for the above referenced application. Included with the response are:

\_\_\_\_\_ drawing(s);

  X   Request for Continued Examination (RCE) under 37 CFR 1.114, and associated fee;

This application has:

  X   a small entity status. If a claim for such status has not earlier been made, consider this as a claim for small entity status.

\_\_\_\_\_ No additional fee is required.

X Applicant(s) believe(s) that no Extension of Time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for an extension of time.

\_\_\_\_\_ Applicant(s) hereby petition(s) for an Extension of Time under 37 CFR 1.136(a) of:

- |                        |                           |
|------------------------|---------------------------|
| - one months (\$55)    | _____ two months (\$205)  |
| - three months (\$465) | _____ four months (\$725) |

If an additional extension of time is required, please consider this as a petition therefor.

X A credit card payment form for the required fee(s) is attached.

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0292 (A DUPLICATE OF THIS TRANSMITTAL IS ATTACHED):

X Any missing filing fees required under 37 CFR 1.16 for presentation of additional claims.

X Any missing extension or petition fees required under 37 CFR 1.17.

Respectfully Submitted,

July 10, 2006  
Date

/Dov Rosenfeld/ #38687  
Dov Rosenfeld, Reg. No. 38687

Address for correspondence:  
Dov Rosenfeld  
5507 College Avenue, Suite 2,  
Oakland, CA 94618  
Tel. 510-547-3378; Fax: +1-510-291-2985

Our Ref./Docket No: OPEN-001

Patent

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/Dov Rosenfeld/ #38687  
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